

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

#### Annex to the Demand

International application No. <b>PCT/JP03/07992</b>	For International Preliminary Examining Authority use only
Applicant's or agent's file reference <b>R03089 PCT</b>	Date stamp of the IPEA
Applicant	
<b>CALCULATION OF PRESCRIBED FEES</b>	
1. Preliminary examination fee .....	28,000 <span style="border: 1px solid black; padding: 0 5px;">P</span>
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	19,200 <span style="border: 1px solid black; padding: 0 5px;">H</span>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box.....	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           47,200         </div>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>TOTAL</b> </div>	
<b>MODE OF PAYMENT</b>	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input checked="" type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____
<input type="checkbox"/> ( <i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i> ) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____
	Date: _____
	Name: _____
	Signature: _____